Community First Choice Council Meeting

May 4, 2022

Department of Health Care Policy and Financing

Welcome!

Meet the HCPF CFC Team

- Adam Tucker, Waiver Innovation Unit Supervisor
- Eileen Saunders, CFC Policy Advisor
- Maddie Quartaro, CFC Policy Advisor
- Jordan Larson, CFC Policy Advisor

- Katie McGuire, CFC Policy Advisor
- Kristine Dos Santos, Participant Directed CFC Policy Advisor
- Betty Vanderkaay, CFC Project Coordinator
- Lana Eggers, Waiver Innovation and Compliance Section Manager

Our Mission

Improving health care equity, access, and outcomes for the people we serve while saving Coloradans money on health care and driving value for Colorado.

CFC Council Changes

- What has changed?
 - > Moving away from a traditional council
- Why?
 - > Inclusivity
 - Meeting logistics
- Council Requirements
 - Majority of council participants must be individuals with disabilities, individuals who are elderly, and their representatives.

Attendance

- Complete <u>CFC Council</u> Attendance Form
- Call in attendance to Jordan Larson at 303-866-3580
 - > Available between 8:00 a.m. 4:00 a.m.
- Disclaimer: The information provided through this form will only be viewed by the Department of Health Care Policy & Financing (the Department) for the purpose of ensuring stakeholder representation on CFC implementation. The Department and its parties will adhere to the strictest privacy rules and policies when handling and discussing this information.

Name *
Your answer
Today's Date * Date mm/dd/yyyy
Population represented *
O Individual with a disability
Representative/parent of individual with disability
Person over the age of 65 or their representative
O Service provider
Other:

Purpose of Meeting

- CFC Council Overview
 - > Discuss the CFC Council Meeting process
- Community First Choice (CFC) Overview
- Begin a collaborative process with CFC Council members to build positive engagement

Agenda

- Housekeeping
 - > Questions
- CFC Council Overview
 - > Questions
- CFC Overview
 - > Questions and Break
- CFC Overview, Continued
- Open Forum 2 minutes per person
 - > Questions and feedback
- Closing

Meeting Etiquette and Ground Rules

- Do not share Protected Health Information (PHI)
- Mind E-Manners
 - > Please turn microphone off when not speaking
 - > Identify yourself before speaking
- Stay solution-focused
- Respect each other's time and the meeting time
- All council members are encouraged to engage in discussions

Question and Comment Process

- After each section of the meeting, we will pause for questions.
- Please use the "raise hand" function, and we will put you in our Question Queue.
- We will have an Open Forum at the end of the meeting for any questions and feedback.
 - We will use the Queue process and limit feedback to 2 minutes

Question and Comment Process

- We will work to answer all of your questions today.
- If we do not know the answer to your questions, we will take those back with us and share our findings with you and the CFC Council as soon as possible.
 - You may also submit comments via email or phone at: hcpf_cfc@state.co.us or call 303-866-3580

Meetings

- Meetings will be facilitated by the Department CFC Team the first Wednesday of every month, from 10:00 a.m. - 12:00 p.m.
- Link to meeting and meeting materials can always be found on <u>CFC Stakeholder Webpage</u>
- Open to public
- Recorded
- Follow similar structure every month

What Do You Need?

- Please contact John Barry, ADA Coordinator, if there is anything we can do to accommodate you and help you be successful in our Council meetings.
 - Closed captioning
 - > Translation and language services
 - > Alternative meeting materials
- Contact John Barry at john.r.barry@state.co.us or the Department's 504/ADA Coordinator at hcpf504ada@state.co.us at least one week prior to the scheduled meeting to make arrangements.



Questions?

Why are we here?



Purpose

The CFC Council provides important input and guidance to the State regarding CFC design and implementation.

How?

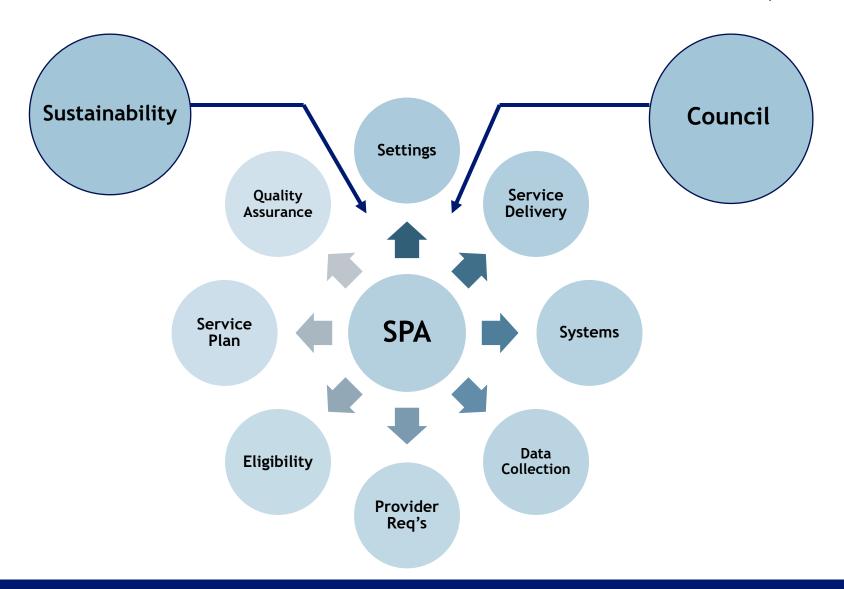
- > Share experiences and insight
- > Identify challenges, flag problem areas
- > Make recommendations
- > Collaborate and find solutions
- Community engagement

§ 441.575 Development and Implementation Council:

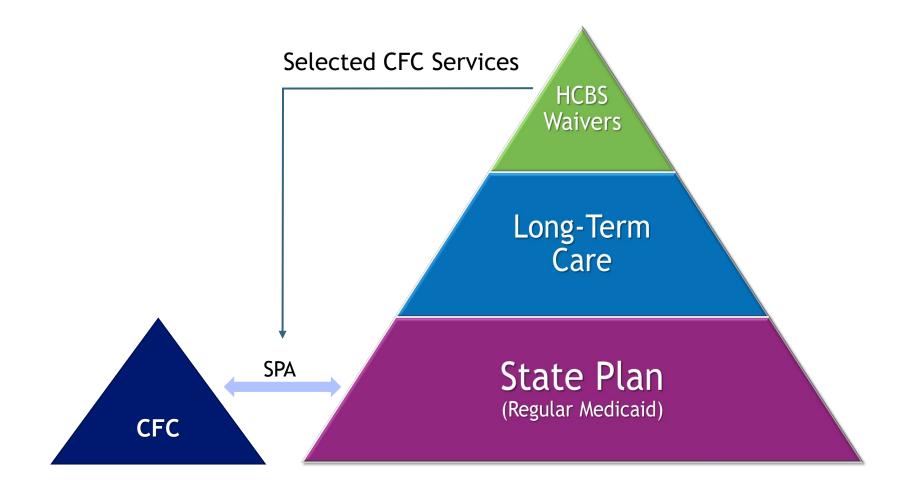
- (a) States must establish a Development and Implementation Council, the majority of which is comprised of individuals with disabilities, elderly individuals, and their representatives.
- (b) States must consult and collaborate with the Council when developing and implementing a State Plan amendment to provide Community First Choice services and supports.

- Equity, Diversity, and Inclusion (EDI)
 - We, the Department and the Council, are dedicated to embedding EDI into the fabric of our operations and practices to better serve our members.
 - We recognize and have learned from the historical injustices that have led to barriers for the communities and members we serve.
 - > It is our responsibility, together, to ensure EDI are central values to our work with CFC.

CFC Council and State Plan Amendment (SPA)



State Plan, HCBS Waivers, and CFC



CFC Implementation

January 2022: CFC Team starts

Onboarding and research begins

Spring 2022: CFC Council Starts

• Collaboration to ensure CFC meets the needs of Colorado's Medicaid members

On-going: Policy and SPA development with Council

Service alignment and systems development

Winter 2023: SPA submitted to CMS

Evaluate and incorporate feedback from Council

Winter 2024: SPA approval process with CMS

- Waiver and rule changes
- SPA Approval

January 2025: CFC services go live!



Break

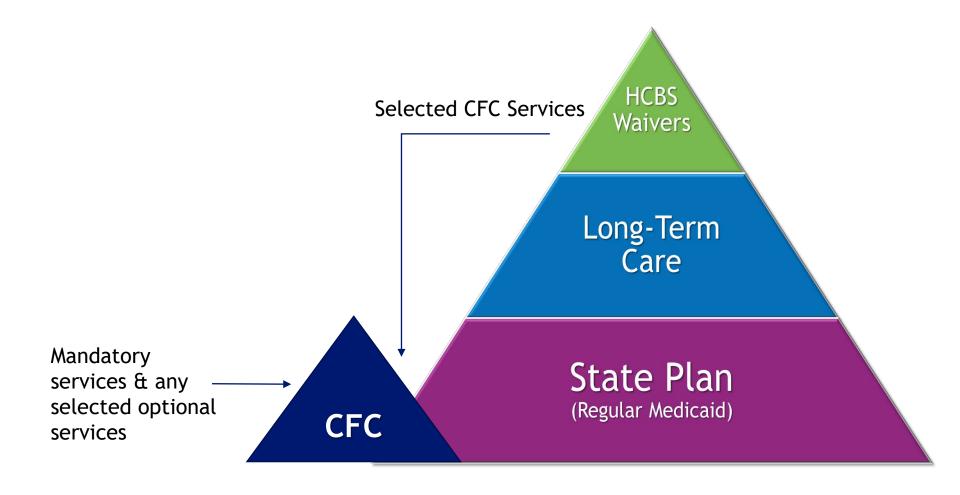


CFC Overview

CFC Overview

- Community First Choice (CFC) is a Medicaid program created by the Affordable Care Act (ACA) in 2011 with the goal of making home and community-based services (HCBS) accessible for more Medicaid members.
- CFC will expand options and availability for selfdirected care.
- Focuses on promoting independence in the community.

State Plan, HCBS Waivers, and CFC



CFC History in Colorado

- Stakeholders created and led a CFC council shortly after the Affordable Care Act was implemented.
- HCPF contracted two external consultants. The consultant reports had conflicting data which caused confusion around next steps.

Why CFC Now? Why Change?

- In 2021, the American Rescue Plan Act (ARPA) funding for CFC implementation was granted
- Relocation out of institutional care is supported
- Preventing the need for entering an institution
- Client choice and flexibility is supported
- CFC helps build a sustainable future by providing services that leverage federal funds while allowing members more flexibility

Sustainability

- Our goal is to ensure the sustainability of CFC from both a cost perspective and a member perspective.
- Need to prevent any potential access-of-care issues with system changes.



Questions?



Client Eligibility

- CFC benefits are available to all Medicaid beneficiaries who require an institutional level of care provided in:
 - Long-term care hospital
 - Nursing facility
 - Intermediate care facility for individuals with intellectual disabilities
 - Institution for mental diseases for individuals aged 65 or over

Mandatory Services

- Assistance with Activities of Daily Living (ADLs), Instrumental Activities of Daily Living (IADLs), and health-related tasks
- Acquisition, maintenance, and enhancement of skills
- Backup systems or mechanisms to ensure continuity of supports
- Voluntary training on how to select, manage, and dismiss attendants
- Person-centered planning process
- Participant-direction

Optional Services

- Transition services
- Items that increase independence or substitute for human assistance

Excluded Services

- Room and board
- Special education
- Vocational rehabilitation
- Assistive technology
- Medical supplies and equipment
- Home modifications

Service Models

- CFC services must be provided by one or more of the service delivery models defined in statute. Models are categorized into two groups:
 - 1. Agency Model
 - 2. Self-Directed Model with Service Budget



Provider Qualifications

Responsibility of the State:

- Provide assurance that necessary safeguards have been taken to protect the health and welfare of the enrollees in the CFC Option
- Develop adequate standards for all types of providers of attendant services and supports under the option
- Define qualifications for providers of attendant services and supports under the agency model

Settings

 "CFC services and supports must be provided to individuals residing in a home or community-based setting and receive services in a community setting that meet the requirements of 42 CFR 441.530"

- What this means:
 - We will work to ensure that CFC services are provided wherever members are in their community in order to live a fully independent life.

Limitations

- Other department projects must be completed prior to, or in tandem with, CFC, such as:
 - Case management redesign
 - Final settings rule CO Transition Plan
- Making changes without impacting current 1915 (c) waiver services
- Ensuring the program is sustainable and allows for future investment
- Dependent on a strict timeline due to project funding

Communications

- How to submit questions, feedback, or comments:
 - > CFC Email: hcpf_cfc@state.co.us
 - > Via phone: Jordan Larson at 303-866-3580
- John Barry for Accommodations:
 - john.r.barry@state.co.us

Open Forum

Please be considerate of others and limit questions and feedback to 2 minutes

What's Next?

- Next Meeting:
 - Wednesday, June 1, 202210:00 a.m. 12:00 p.m.
 - > CFC Stakeholder Website
- Upcoming Meeting Topic:
 - > Introduction of Services

Thank you!

Resources

Slide deck from the National Resource Center for Participant Directed Services

CMS Technical Guide for CFC

CFC Final Regulation

HCPF CFC Resources webpage